



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH LAFAYETTE

City of Hospital: Lafayette

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 150109

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$649177250
Outpatient Patient Service Revenue	\$865743354
Total Gross Patient Service Revenue	\$1514920604

2. Deductions From Revenue

Contractual Allowance	\$1080156030
Other Deductions	\$47595493
Total Deductions	\$1127751523

3. Total Operating Revenue

Net Patient Service Revenue	\$387169081
Other Operating Revenue	\$29081110
Total Operating Revenue	\$416250191

4. Operating Expenses

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Salaries and Wages	\$136180165	Employee Benefits	\$36985769
Depreciation and Amortization	\$21941981	Interest Expense	\$8620609
Bad Debt	\$6937431	Other Expenses	\$147984475
Total Operating Expenses	\$358650430		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$57599761	Total Assets	\$429727319
Net Non-operating Gains over Loss	\$3612251	Total Liabilities	\$26182250
Total Net Gains	\$61212012		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$726022123	\$595102801	\$130919322
Medicaid	\$291740484	\$228885229	\$62855255
Other Government	\$6742724	\$5340596	\$1402128
Other State	\$0	\$0	\$0
Other Payers	\$490415274	\$250827404	\$239587870
Total	\$1514920605	\$1080156030	\$434764575

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$115078	\$-115078

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$6481988	\$8318104	\$-1836116
Hospital Patients	\$0	\$0	\$0
Community Education	\$506033	\$2156107	\$-1650074

Number of Medical Professionals Trained	593
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	73284

Statement Six: Charity Statement

Hospital Charity Charges	\$38966605
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8275546	
HCI Payments	\$0		
Subtotal	\$0	\$8275546	\$-8275546
Medicaid Shortfalls	\$63580115	\$80752971	
Subtotal	\$63580115	\$89028517	\$-25448402
DSH Payments	\$0		

	Subtotal	\$63580115	\$89028517	\$-25448402
Medicare Shortfalls		\$121282789	\$151177367	
Other Government Programs		\$0	\$0	
	Total	\$184862904	\$240205884	\$-55342980

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$285789	\$2353322	\$-2067533

Comments

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